

|  |     |  |     |   |     |  |     |  |    |  |     |
|--|-----|--|-----|---|-----|--|-----|--|----|--|-----|
|  | 21b |  | 22  | X | 23  |  | 24  |  | 25 |  | 26  |
|  | 27  |  | 28a |   | 28b |  | 28c |  | 29 |  | 30b |

HOGAN LOVELLS POLITICAL ACTION COMMITTEE

## A. TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43229    |

Transaction ID : SB23.8624

|                         |              |
|-------------------------|--------------|
| Purpose of Disbursement | Check voided |
|-------------------------|--------------|

Candidate Name

PATRICK J TIBERI

|                |                                     |           |
|----------------|-------------------------------------|-----------|
| Office Sought: | <input checked="" type="checkbox"/> | House     |
|                | <input type="checkbox"/>            | Senate    |
|                | <input type="checkbox"/>            | President |

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

-1000.00

-6000.00